JC14 Rec'd PCT/PTO 20 JUL 2005

EXPRESS MAIL NO.: ER 166091693 US

APPLICATION DATA SHEET

	- 4-		4.
Λ \sim \sim \sim	IAATIAN	INTARM	a ti a m
AUI	lication		20 EUR 161
		•	44011

Application number::	
Filing Date::	02/10/2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CDE	
Number of copies of CRF::	
Title ::	TREATMENT OF INFLAMMATORY BOWEL DISEASE
·	•
Title ::	DISEASE
Title :: Attorney Docket Number::	DISEASE 69155-2
Title :: Attorney Docket Number:: Request for Early Publication?::	DISEASE 69155-2 No
Title :: Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?::	DISEASE 69155-2 No
Title :: Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure::	DISEASE 69155-2 No No
Title :: Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets::	DISEASE 69155-2 No No
Title :: Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?::	DISEASE 69155-2 No No Yes
Title :: Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Petition included?::	DISEASE 69155-2 No No Yes

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: **GB** Status:: **Full Capacity** Given Name:: Jonathan Middle Name:: Family Name:: Rhodes Name Suffix:: City of Residence:: Liverpool State or Province of Residence:: Country of Residence:: GB Street of mailing address:: Department of Medicine University of Liverpool City of mailing address:: Liverpool State or Province of mailing address:: Country of mailing address:: GB Postal or Zip Code of mailing address:: L69 3GA **Correspondence Information** Correspondence Customer Number:: 50670 Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Phone number:: (213) 633-6869 Fax Number: (213) 633-6899

	• •	add	•	
 \mathbf{n}_{A}	116	200	TOC	
 IVIC	211	auı	n es	. 66

sethlevy@dwt.com

Representative Information

Representative Customer Number::	50670
representative dustomer Humber	30070

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2004/000521	02/10/2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Great Britain	GB0302872.7	02/10/2003	Yes

Assignee Information

Assignee name::	University of Liverpool
Street of mailing address::	Senate House, Abercromby Square
City of mailing address::	Liverpool
State or Province of mailing address::	
Country of mailing address::	GB
Postal or Zip Code of mailing address::	L69 3BX

3